

## rheumatoid arthritic blowup...

# Tandearil®

oxyphenbutazone NF

tablets of 100 mg.

**Important Note:** This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty. **Indications:** Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

**Contraindications:** Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

**Warnings:** Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is

unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

**Precautions:** The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

**Adverse Reactions:** This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal

distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement. (B) 98-146-800-E

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals  
Division of CIBA-GEIGY Corporation  
Ardsley, New York 10502



**NOW**  
**ISORDIL®**  
**(ISOSORBIDE DINITRATE)**  
**TEMBIDS® CAPSULES, 40 mg.**

**One capsule b.i.d. helps protect  
 your angina pectoris patients  
 for up to 24 hours a day.**

**THERE ARE TWO FORMS  
 OF SUSTAINED ACTION ISORDIL—  
 ISORDIL TEMBIDS CAPSULES, 40 mg.,  
 AND ISORDIL TEMBIDS TABLETS, 40 mg.**

Widely accepted Isordil Tembids Tablets are now joined by an additional sustained action form, Isordil Tembids Capsules, providing greater prescribing flexibility.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

“Possibly” effective: When taken by the oral route, Isordil (isosorbide dinitrate) is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Final classification of the less-than-effective indications requires further investigation.

**Contraindication:** Idiosyncrasy to this drug.


**Warnings:** Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

**Precautions:** Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL 5 mg. or 10 mg. Oral tablets or sublingual tablets be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS tablets in their stools. This phenomenon is believed to be on the basis of physiological variability and to reflect rapid gastrointestinal transit of the sustained action tablet. **TEMBIDS SHOULD NOT BE CHEWED.**

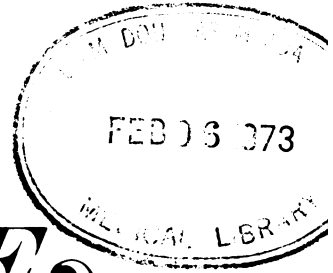
**Adverse Reactions:** Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

*Consult direction circular before prescribing.*

**May we send you reprints, detailed information and/or professional samples?**

TEMBIDS®—TRADEMARK FOR SUSTAINED ACTION TABLETS AND CAPSULES  
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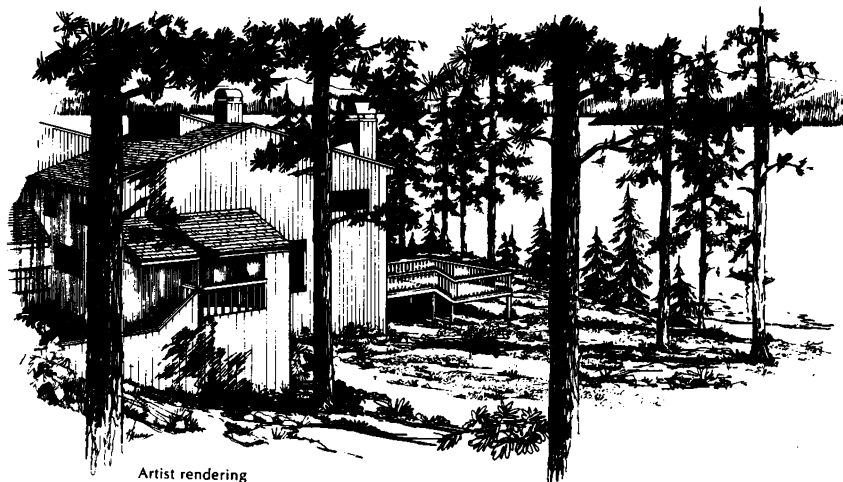
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*to match the land on which these homes are built. And every single home commands circumambient views as awesome in their beauty as anything you've seen before.*

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*Arrangements can now be made for you to have a private tour through these beautiful acres and to see models and detailing of these important new homes. Simply write to the Grubb & Ellis Company, 1939 Harrison Street, Oakland, California 94612, or telephone (415) 839-9600. Or if you are in the Tahoe area call (916) 583-4292.*



Artist rendering

# Upjohn's low-priced penicillin VK



## Uticillin<sup>®</sup> VK

(potassium phenoxymethyl penicillin, U.S.P., Upjohn)

Available in 250 and 500 mg tablets;  
250 mg/5 ml and 125 mg/5 ml flavored granules  
for oral suspension

**Upjohn**

The Upjohn Company  
Kalamazoo, Michigan 49001

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For a moderate fee (which is usually tax-deductible), you can place your assets in their care in the form of a revocable living trust. You can retain as much or as little control as you like. But you'll be relieved of a lot of worry. And a lot of record-

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**Take a little time now. It may save you a lot of time later.** Your nearest Wells Fargo Bank will be glad to arrange a meeting with a trust specialist. Or, if you'd like some literature detailing the advantages of living trusts, call Dudley Burton at (213) 683-7040 in Los Angeles. Or Richard Hayman at (415) 396-4246 in San Francisco.

### **A Wells Fargo Bank living trust. It gives you one thing less to worry about.**

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**WANTED:** Internist, preferably with a subspecialty in Hematology, to join 17-member multi-specialty group with 5 Internists. First year salary, full partnership thereafter. Thirty minutes from San Francisco. Contact Steven Oppenheimer, M.D., F.A.C.P., 27212 Calaroga Ave., Hayward, California, 94545.

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**GENERAL SURGEONS, Urologists and Internists** needed for Northwest General Osteopathic Hospital, Milwaukee, Wisconsin. Contact Dr. Leon Gilman, Chief-of-Staff, Area Code 414-447-8543, ext. 8638.

**ORTHOPEDIC Surgeon or Surgeons** needed for three new Osteopathic Hospitals in Milwaukee, Wisconsin. Income first year: \$150,000 to \$250,000, depending on individual initiative. Contact Dr. Leon Gilman, Chief-of-Staff at Northwest General Hospital, Milwaukee, Wisconsin. Area Code 414-447-8543, extension 8638.

### DIRECTOR OF MEDICAL SERVICES

The Valley Medical Center of Fresno is recruiting for a qualified physician to direct a progressive program in medical education, medical staff liaison and program development.

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The institution is a 583 bed teaching hospital with 33 full-time and part-time teaching staff, 28 interns, and 52 residents. The Valley Medical Center of Fresno is located in the Central San Joaquin Valley. Salary negotiable. Contact Manuel Perez, Administrator, Valley Medical Center of Fresno, 445 South Cedar Avenue, Fresno, California 93702, (209) 251-4833.

(Continued on page 15)

reliable pain relief  
without codeine.

# Percodan®

Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit-forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit-forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

**INDICATIONS:** For the relief of moderate to moderately severe pain. **CONTRAINDICATIONS:** Hypersensitivity to oxycodone, aspirin, phenacetin or caffeine.

**WARNINGS:** *Drug Dependence:* Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence, physical dependence and tolerance may develop upon repeated administration of Percodan, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications, Percodan is subject to the Federal Controlled Substances Act.

*Usage in ambulatory patients:* Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using Percodan should be cautioned accordingly.

*Interaction with other central nervous system depressants:* Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with Percodan may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced.

*Usage in pregnancy:* Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, Percodan should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

*Usage in children:* Percodan should not be administered to children. Salicylates should be used with caution in the presence of peptic ulcer or coagulation abnormalities.

**PRECAUTIONS:** *Head injury and increased intracranial pressure:* The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

*Acute abdominal conditions:* The administration of Percodan or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

*Special risk patients:* Percodan should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture.

Phenacetin has been reported to damage the kidneys when taken in excessive amounts for a long time.

**ADVERSE REACTIONS:** The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. Some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

**DOSAGE AND ADMINISTRATION:** Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. The usual adult dose is one tablet every six hours as needed for pain.

**DRUG INTERACTIONS:** The CNS depressant effects of Percodan may be additive with that of other CNS depressants. See WARNINGS.

Aspirin may enhance the effect of anticoagulants and inhibit the effect of uricosuric agents.

**MANAGEMENT OF OVERDOSAGE:** *Signs and Symptoms:* Serious overdose with Percodan is characterized by respiratory depression, extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur. The ingestion of very large amounts of Percodan may, in addition, result in acute salicylate intoxication.

*Treatment:* Primary attention should be given to the re-establishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The narcotic antagonists naloxone, naltorphine or levallorphan are specific antidotes against respiratory depression which may result from overdosage or unusual sensitivity to narcotics, including oxycodone. Therefore, an appropriate dose of one of these antagonists should be administered, preferably by the intravenous route, simultaneously with efforts at respiratory resuscitation. Since the duration of action of oxycodone may exceed that of the antagonist, the patient should be kept under continued surveillance and repeated doses of the antagonist should be administered as needed to maintain adequate respiration.

An antagonist should not be administered in the absence of clinically significant respiratory or cardiovascular depression.

Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated.

Gastric emptying may be useful in removing unabsorbed drug.

Endo Laboratories, Inc.

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Garden City, N.Y. 11530



CALIFORNIA MEDICINE

## Send her home with an APC/narcotic that doesn't contain codeine

Percodan does what you want an APC/narcotic to do: It effectively relieves moderate to moderately severe pain. But it's different from all the other widely prescribed APC/narcotics because it doesn't contain codeine.

The chief analgesic agent in Percodan is oxycodone. A semisynthetic narcotic analgesic, oxycodone represents a therapeutic alternative to codeine. Percodan can produce drug dependence of the morphine type and has the potential of being abused. Percodan should be used with the same degree of caution appropriate to other oral narcotic-containing medications.

One tablet of Percodan every six hours is usually sufficient for adults. However, it occasionally may be necessary to exceed the usual dosage in cases of severe pain or in those patients who have built up a tolerance to the analgesic effect of narcotics. Percodan. The APC/narcotic that doesn't contain codeine.

## Percodan®

Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit-forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit-forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

reliable pain relief  
without codeine

Please refer to brief summary on facing page.



CC: Pain on Rt. side of face  
Dx: Acute purulent bacterial Max. Sinusitis  
X-Ray Interp: Waters - Clouding of Rt. Max. Sinus.



# There are many frustrations in treating acute sinusitis.

## Cleocin manages most of the bacterial ones.

Inadequate drainage, chronic rhinitis, allergy, exposure to temperature extremes, and other factors can delay recovery from acute sinusitis.

It's helpful to have an antibiotic like Cleocin HCl (clindamycin HCl hydrate, Upjohn) that can take care of most of the gram-positive bacterial problems related to the disease.

As one study\* of 52 outpatients showed, acute maxillary sinusitis was associated with staphylococci in 50% of the group, with pneumococci in 25%, and with streptococci and various other organisms (chiefly gram-negative) in the remainder. Significantly, one-half of these staphylococcal infections were resistant to both penicillin and tetracycline (all were sensitive to erythromycin and chloramphenicol). Although not a part of this study, many other clinical and bacteriologic reports<sup>1</sup> have shown that such gram-positive bacteria, which most often are associated with acute sinusitis, are usually susceptible to Cleocin.

**Can be taken before, with, or after meals**

The total absorption of Cleocin is virtually unaffected by the presence of food in the GI tract.<sup>1</sup> Cleocin thus can be administered as prescribed without interfering with the patient's mealtimes.

**Useful in patients hypersensitive to penicillin**

Cleocin's chemical structure bears no relationship to penicillin or the cephalosporins. Cleocin therefore may be especially useful in patients with acute sinusitis who report a history of hypersensitivity to these antibiotics. Although hypersensitivity reactions have been uncommon with Cleocin, it should be used cautiously in atopic individuals. Cleocin is not recommended in the lincomycin-sensitive patient.

Please see following page for further prescribing information.



**Cleocin HCl**

© 150 mg capsules

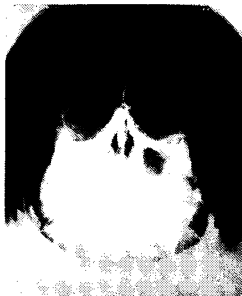
clindamycin HCl hydrate, Upjohn

\*Reynolds, R. C., et al.: Bull. Johns Hopkins Hosp. 114:269, 1964

<sup>1</sup> Data on file, Medical Research Department, The Upjohn Company

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**Side effects:** In studies of 1,416 patients involving 92 clinical investigators, side effects were reported in 8.2%.<sup>1</sup> Diarrhea or loose stools were noted in 3% of these cases (one patient with bloody stools). In a few instances, diarrhea lasted several days. A slightly higher incidence of diarrhea or loose stools has been reported by some investigators in subsequent studies.



**Toxicity:** No irreversible hematologic, renal, dermatologic, or neurologic abnormalities have been reported.<sup>1</sup> Transient leukopenia and eosinophilia have been observed. Elevations of alkaline phosphatase and serum transaminases were observed in a few instances. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

**In acute sinusitis and other upper respiratory infections due to susceptible staphylococci, streptococci, and pneumococci.**

# Cleocin<sup>®</sup> HCl

## clindamycin HCl hydrate, Upjohn

Each preparation contains:	Clindamycin HCl hydrate equivalent to clindamycin base
150 mg Capsules .....	150 mg
75 mg Capsules .....	75 mg

Cleocin (clindamycin, Upjohn) is a new semisynthetic antibiotic produced from the parent compound lincomycin and provides more *in vitro* potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

Cleocin HCl (clindamycin HCl hydrate) is indicated in infections of the upper and lower respiratory tract, skin and soft tissue, and, adjunctively, dental infections caused by gram-positive organisms which are susceptible to its action, particularly streptococci, pneumococci and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

**CONTRAINDICATIONS:** Patients previously found to be hypersensitive to this compound or to lincomycin.

**WARNINGS:** Safety for use in pregnancy not established. Not indicated in the newborn (infants below 30 days of age).

**PRECAUTIONS:** Prescribe with caution in atopic individuals. Perform periodic liver function tests and blood counts during prolonged therapy. The serum half-life in patients with markedly reduced renal function is approximately twice that in normal patients; hemodialysis and peritoneal dialysis do not effectively remove Cleocin from the blood. Therefore, with severe renal insufficiency, determine serum levels of clindamycin periodically and decrease the dose appropriately. Should overgrowth of nonsusceptible organisms—particularly yeasts—occur, take appropriate clinically indicated measures.

**ADVERSE REACTIONS:** Generally well tolerated in clinical efficacy studies. Side effects reported in 8.2% of 1,416 patients. Of the total, 6.9% reported gastrointestinal side effects and 1.3% reported other side effects. Diarrhea or loose stools were reported in 3%. *Gastrointestinal:* Symptoms

included abdominal pain, nausea, vomiting and diarrhea or loose stools. In a few instances, diarrhea lasted for several days; one case of bloody stools was reported. *Hematopoietic:* Transient neutropenia (leukopenia) and eosinophilia have been reported; relationship to therapy is unknown. No irreversible hematologic toxicity has been reported. *Skin and Mucous Membranes:* Skin rash and urticaria have been reported infrequently. *Hypersensitivity Reactions:* A few cases of hypersensitivity reaction have been reported. If hypersensitivity occurs, discontinue drug and have available the usual agents (epinephrine, corticosteroids, antihistamines) for emergency treatment. *Liver:* Although no direct relationship of Cleocin HCl (clindamycin HCl hydrate) to liver dysfunction has been noted and significance of such change is unknown, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminases) have been observed in a few instances. Also, abnormal liver function test values at the beginning of therapy have returned to normal during therapy.

**DOSAGE AND ADMINISTRATION:** *Adults:* Mild to moderately severe infections—150 to 300 mg every 6 hours. Severe infections—300 to 450 mg every 6 hours.


*Children:* Mild to moderately severe infections—8 to 16 mg/kg/day (4 to 8 mg/lb/day) divided into three or four equal doses. Severe infections—16 to 20 mg/kg/day (8 to 10 mg/lb/day) divided into three or four equal doses.

*Note:* With  $\beta$ -hemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

**SUPPLIED:** 150 mg Capsules—Bottles of 16's and 100's. 75 mg Capsules—Bottles of 16's and 100's. Sensitivity Disks—2  $\mu$ g. Sensitivity Powder—Vials. For additional product information, see your Upjohn representative or consult package insert. MED 8-4-S (LNU-3) JA71-1565

The Upjohn Company, Kalamazoo, Michigan 49001

**Upjohn**



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When irritable colon feels like this



... **KINESED®** provides more complete relief.

Gastroenteritis, colitis, gastritis or duodenitis can produce spasm or hypermotility, gas distention and discomfort. But Kinesed can provide a balanced formulation to relieve these symptoms:

- ☐ belladonna alkaloids—for the hyperactive bowel
- ☐ simethicone—for accompanying distention and pain due to gas
- ☐ phenobarbital—for associated anxiety and tension

**Contraindications:** Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

**Precautions:** Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.

**Side effects:** Blurred vision, dry mouth, dysuria, and other

atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

**Dosage: Adults:** One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

**Children 2 to 12 years:** One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



**STUART PHARMACEUTICALS** | Division of ICI America Inc. | Wilmington, Del. 19899

(from the Greek *kinetikos*,  
to move,  
and the Latin *sedatus*,  
to calm)

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Each *chewable tablet* contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Chuckwalla (*Sauromalus obesus*):  
This southwestern desert lizard seeks  
shelter in crevices of rocks.  
When attempts are made to probe him  
from his niche, he gulps air  
until his abdomen is distended up to  
sixty per cent over its normal size...  
thus wedging himself tightly  
in place and preventing capture.

# Martha and George Washington knew what every Doctor should know about wine

**Martha Dandridge Custis** was handsome and rich when she set her cap for a tall young Virginia Colonel named George Washington. But she was also a widow, considered advanced in years (almost 27), with two surviving small children.

Problem: How could Martha best hold the interest of this courtly but taciturn soldier, just returned, tired and undernourished, from frustrating campaigns?

Martha did it with her skillet, her womanly sympathy, and her first mother-in-law's hand-me-down cookbook with its wine dish and wine punch recipes. Like many a wise hospital today, she added the tender loving care of wine to George's diet.

To restore her hero, she applied the gastrointestinal wisdom of St. Paul: "Use a little wine for thy stomach's sake" (I Timothy 5:23); the advice that Homer sang to battle-fatigued troops: "Wine gives strength to weary men."

With her cookbook, and precepts of wine for patients' well-being long since proven, Martha Washington helped her George to save his new nation. And always, at their punctual 3 p.m. dinners — at first at Martha's home, called "The White House"; then at George's Mt. Vernon; then as First Family, in New York and Philadelphia; then home to Mt. Vernon again "forever" — Martha cooked and served (superintended, that is) meals with wine. Her General thrived, and invariably shared his choice wines, and toasts, with their guests. The Washingtons had such a



George Washington  
1732-1799

MOUNT VERNON

Martha Dandridge  
Custis Washington  
1732-1802

constant stream of guests that they went more than twenty years without ever sitting down to dinner alone!

To assure you of a constant stream of contented guests in *your* home, and well-cared-for patients in your profession, may we share with you the wine wisdom described below?

## FREE WINE INFORMATION

First, for pleasure and to know wine's benefits the better, we suggest our free *Wine Study Course*, for which nearly a million Americans have enrolled. You may enroll by filling out the coupon below; we will send the fact-filled 50-page booklet, *The Story of Wine*, and an easy, interesting Wine Quiz; you teach and quiz yourself; we correct

your answers — and if you pass (we're confident you will), you are winewise, and get a handsome Diploma to put on the wall to prove it.

If you do not already have it, you will want, without charge, the informative 160-page book for physician, nurse or layman, *Wine and Your Well-Being*, by Salvatore P. Lucia, M.D.

To document research findings, we offer the 64-page *Uses of Wine in Medical Practice*, with indications, contraindications, and a chapter on wine in hospitals and nursing homes.

If you check it off below, we'll send along *How to Cook with California Wines*, with its "81 delicious secrets of wine cookery — all easy!" to help you become the Martha and George of good living and hospitality at home!

## *The Winegrowers of California*

**TO DOCTOR, NURSE, Assistant, Administrator, Dietician, or other members of the medical professions:** We offer all these reading materials free, but to help us reduce our heavy handling costs, would you check off those items you actually want? Thank you. Please print full name, title as member of your profession, address, and zip, and mail to:

**WINE ADVISORY BOARD, DEPT. K-17, 717 MARKET ST., SAN FRANCISCO, CA 94103**

- ☐ Kindly enroll me, without cost or obligation, in the famous WINE STUDY COURSE, including booklet THE STORY OF WINE, WINE QUIZ, and DIPLOMA.
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## WINE AND YOUR PATIENTS' WELL-BEING

Wine is good — and often good in therapy and patient care. For more than 5,000 years, wine has been a faithful, gentle aid to the wise physician and nurse as tranquilizer, appetizer, mealtime companion, food and source of vitamins; inducer of serenity; persuader to needed sleep; and supporter of morale for patients. Hence the increasing use of wine in hospital dietaries throughout the United States today.

(Continued from page 6)

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Depending upon training and experience, salary range is \$1767 to \$1973 per month, plus bonus of \$2.60 per hour; or \$1923 to \$2202 per month, plus bonus of \$2.60 per hour. Generous Los Angeles County benefits such as paid vacation, holidays, paid sick leave, health and life insurance. Interested applicants please contact:

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**36 YO BOARD CERTIFIED, MARRIED OPHTHALMOLOGIST** wishes to relocate California, buy established practice, associate, or group (Ophth) wanted. Desire LA, SF or coastal area, but flexible. F.A.C.S., & Fellow Amer. Soc. Ophth. Plastic & Reconstructive Surg. David J. Singer, M.D., 1160 Kane Concourse, Miami Beach, Fla. 33154. Tel. 1-305-864-3343.

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**ANESTHESIOLOGIST TO ASSOCIATE WITH ONE OTHER**, or work free-lance in a modern, expanding hospital on a fee-for-service basis. Good income plus the advantages of moderate climate in a nice community, with ready accessibility to fine recreational opportunities and metropolitan areas. Contact: Mr. J. P. Hanks, Administrator, Fremont Medical Center, Yuba City, Calif. 95991, or phone (916) 742-3293.

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(Continued on page 17)

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# Will his return to work mean the return of undue psychic tension?



When it's mandatory to keep the post-coronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets *b.i.d.* to *q.i.d.* can usually provide reliable relief. For severe tension/anxiety states, the 10-mg tablets often produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue. Until individual response is determined, caution patient against driving or operating dangerous machinery.

## Valium® (diazepam)

### For the tense cardiac patient who must be kept calm

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures.

Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision.

Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg *b.i.d.* to *q.i.d.*; alcoholism, 10 mg *t.i.d.* or *q.i.d.* in first 24 hours, then 5 mg *t.i.d.* or *q.i.d.* as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg *t.i.d.* or *q.i.d.*; adjunctively in convulsive disorders, 2 to 10 mg *b.i.d.* to *q.i.d.* **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg *t.i.d.* or *q.i.d.* initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.



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(Continued from page 15)

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(Continued on page 19)

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    { Digestive enzymes  
Joseph P. Kriss, M.D.—Nuclear medicine  
Joshua Lederberg, Ph.D.—Genetics: opportunities and problems  
John A. Luetscher, M.D.—Hypertension, renin, and aldosterone  
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(Continued from page 17)

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(Continued on page 42)

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*"The history of science, and in particular the history of medicine... is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."*

*— George Sarton, from "The History of Medicine Versus the History of Art"*

**Are combination drug  
products useful in treatment  
involving concomitant use  
of two or more drugs?**

**Opinion**

**Results of a questionnaire to  
7,000 physicians:**

**62.9%**

**Believe combination drug  
products are useful.**

**13.8%**

**Do not believe combination drug  
products are useful.**

# Are combination drug products useful in treatment involving concomitant use of two or more drugs?

## Opinion & Dialogue

### Doctor of Medicine

Louis Lasagna, M.D.  
Professor and Chairman  
Department of  
Pharmacology & Toxicology  
University of Rochester  
School of Medicine  
and Dentistry



Obviously, many drugs are given concomitantly. Whether it makes sense to combine medications in one preparation, be it capsule, tablet, or liquid, is a question that can be answered only by examining the advantages and disadvantages in the individual case.

Among the advantages is, first of all, convenience. The more medications that are taken concurrently and the more complicated the directions, the less likely the patient is to take medications accurately. From the standpoint of convenience and accuracy, and economy as well, you can make an important case for putting medications together in one preparation, as long as they are compatible.

By the same token, when you prescribe a properly tested and rational combination, you should have less worry about pharmaceutical or pharmacological compatibility — and about reasonable dosage ratios as well. Compatibility of the formulation should be demonstrated in the laboratory and clinic before the product is available for prescription—which is more than can usually be said for

the physician's own spontaneous creations. And, the dosage ratios employed in rational precompounded combinations are designed to meet the needs of substantial numbers of "typical" patients.

There is no doubt that many "atypical" patients are to be found, and for them the prefabricated combination must be rejected. But that hardly argues for eliminating rational combinations from the market. Think, for example, of the problems that would arise if the components of widely accepted combinations, like the oral contraceptives and the diuretic-antihypertensives, always had to be prescribed, purchased and ingested separately.

One disadvantage that comes to mind is some doctors' unawareness of the ingredients a given combination contains. For example, a doctor might know that a patient is allergic to aspirin but forget that a certain analgesic mixture, which he knows only by its trade name, contains aspirin. His prescription, then, causes considerable discomfort, to say the least. This problem is a function of physician education, rather than of combination therapy as such. Improving doctors' knowledge about all medicaments they prescribe is a problem that deserves tackling on its own.

Another accusation leveled at combination drugs is that they encourage sloppiness of diagnosis and treatment. In many cases, however, a combination may prove to be the most effective choice. A good ex-

ample of the usefulness of combinations appears in a recent article in the *Journal of Chronic Diseases* on the efficacy and side effects of an antihypertensive containing three ingredients, in which the track records of the combination drug and the individual ingredients were compared. Interestingly enough, whether the drugs were given individually or together, incidence and severity of side effects were the same. But blood pressure control was invariably better when the drugs were taken in one combination tablet than when they were taken separately (in "titratable" dosage) or in two or three different tablets.

Deciding which combinations constitute rational therapy obviously leads to a discussion of who is to determine which should be used and which should not. Realistically, I think combinations should be evaluated somewhat differently if they are old and established or new and untried.

In today's regulatory atmosphere, there is no possibility of a new combination being put on the market without a substantial amount of acceptable evidence in the form of controlled trials that show it to be safe and efficacious. On the other hand, I believe a different set of standards should apply to combination preparations that have been around for a long time. In other words, physician acceptance over a long period should be given some weight as evidence of the efficacy and safety of these drugs.

The FDA, however, does not seem to share this attitude. It often requires, for these older products, controlled trials that will monopolize the time of already overtired investiga-

tors and cost a great deal of money. I wish we could agree on a "grandfather clause" approach to preparations that have been in use for a number of years and that have an apparently satisfactory track record.

For example, I think some of the antibiotic combinations that were taken off the market by the FDA performed quite well. I am thinking particularly of penicillin-streptomycin combinations that patients — especially surgical patients — were given in one injection. This made for less discomfort for the patient, less demand on nurses' time, and fewer opportunities for dosage errors. To take such a preparation off the market doesn't seem to be good medicine, unless actual usage showed a great deal of harm from the injections (rather than the proper use) of the combination.

The point that should be emphasized is that there are both rational and irrational combinations. The real question is, who should determine which is which? Obviously, the FDA must play a major role in making this determination. In fact, I don't think it can avoid taking the ultimate responsibility, but it should enlist the help of outside physicians and experts in assessing the evidence and in making the ultimate decision.

## Maker of Medicine

W. Clarke Wescoe, M.D.  
President  
Winthrop Laboratories



If two medications are used effectively to treat a certain condition, and it is known that they are compatible, it clearly is useful and convenient to provide them in one dosage form. It would make no sense, in fact it would be pedantic, to insist they always be prescribed separately. To avoid the appearance of pedantry, the "expert" decries the combination because it is a fixed dosage form. When the "expert" invokes the concept of fixed dosage form he obscures the fact that single-ingredient pharmaceutical preparations are also fixed dosage forms. By a singular semantic exercise he implies a pejorative meaning to the term "fixed dose" only when he uses it with respect to combinations. What is ignored is the simple fact that only in the rarest of circumstances does any physician attempt to titrate an exact therapeutic response in his patient. It is quite possible that some aches and pains will respond to 500 mg. of aspirin yet that fact does not militate against the usual dose being 650 mg.

The other semantic ploy often called into play is to describe a combination product as rational or irrational.

Take antibiotic mixtures, the source of much of the criticism generated against

combinations generally. Obviously, no one should be exposed willy-nilly to the potential side effects of two or three antibiotics when only one is needed. At the same time there are cases where it is prudent to prescribe more than one. The clinician is the judge in these circumstances, as he should be.

There is no clear definition of the word rational. Most persons, I suppose, would find it synonymous with reasonable, but in many circumstances it may best be defined as the opinion of those in power at the moment.

Other factors govern combination therapy, not the least of which has been its broad use by practicing physicians anxious to achieve convenience in prescribing, to reduce medication error, and to save money for their patients. Combinations clearly have met the test on all three counts.

I have been impressed by studies showing that the rate of error climbs markedly with the number of medications to be taken, even with sophisticated patients. When medically justified, therefore, this factor alone supports the logic of combination therapy.

The cost argument for combinations appears to be irrefutable. In 1971, R. A. Gosselin studied the 71 combination products (excluding oral contraceptives) among the 200 most prescribed drugs. The study found that if all 71 products were discontinued, and if each ingredient in these combinations were prescribed separately, the price of medicines to patients would jump by \$443.2 million on a national basis! At a time when the cost of medical care is under so much fire, it would be nonsensical to boost costs without clearly irre-

futable medical reasons.

The part played by government on this question, of course, is fundamental. The FDA should play a role in determining which combinations are reasonable. That role, as defined by law and regulation, is to ensure that any medication on the market is safe and effective in line with its label claims. Certainly combinations are entitled to as much consideration as single entities—neither more nor less. So long as the addition of one drug to another does not make either less safe, or less effective, so long as they are compatible in a formulation, we have a reasonable product. It makes no sense to recommend the use of two products for certain conditions and to deny their being combined in a single form. An unhappy side effect of the problem concerns the efficacy panel discussions of many products submitted for review. The term "effective, but" has been freely interpreted to mean "ineffective" in toto, regardless of the merit of the individual drugs. This interpretation has placed numerous useful combination products in needless jeopardy.

In reading the actual reports of the review panels, it seems clear that some of the ratings were based less on scientific research and clinical observation than on the "informed" opinions of the panelists. These "informed" opinions were accepted at face value, while

the "informed" opinions of others who had used the products were rejected. All of this put combination products into a sort of scientific never-never land.

It should be kept in mind by all, government as well as others involved in our health care system, that advances in therapy are seldom made in leaps and bounds but rather by small painstaking steps—and that some of these steps have resulted from research in combination drugs as well as with single entities. Given the near-infinite biologic variation in patient response, this is hardly surprising to clinicians. It should not be to regulatory agencies either.

In the end, the practicing physician is in the best position to decide if a particular combination makes sense. Such a decision should not be made exclusively by those whose responsibility for continuing clinical care is limited. Clinicians are the best judges of efficacy because the ultimate proof of any product's effectiveness is acceptance by physicians who have observed its actions in patients over time. The corollary statement may be made about over-the-counter medicines, which would not long survive if they failed to afford the relief the user anticipates. That the antihistamine in a "cold" remedy may not *always* be necessary is no reason to proscribe the combination generally.

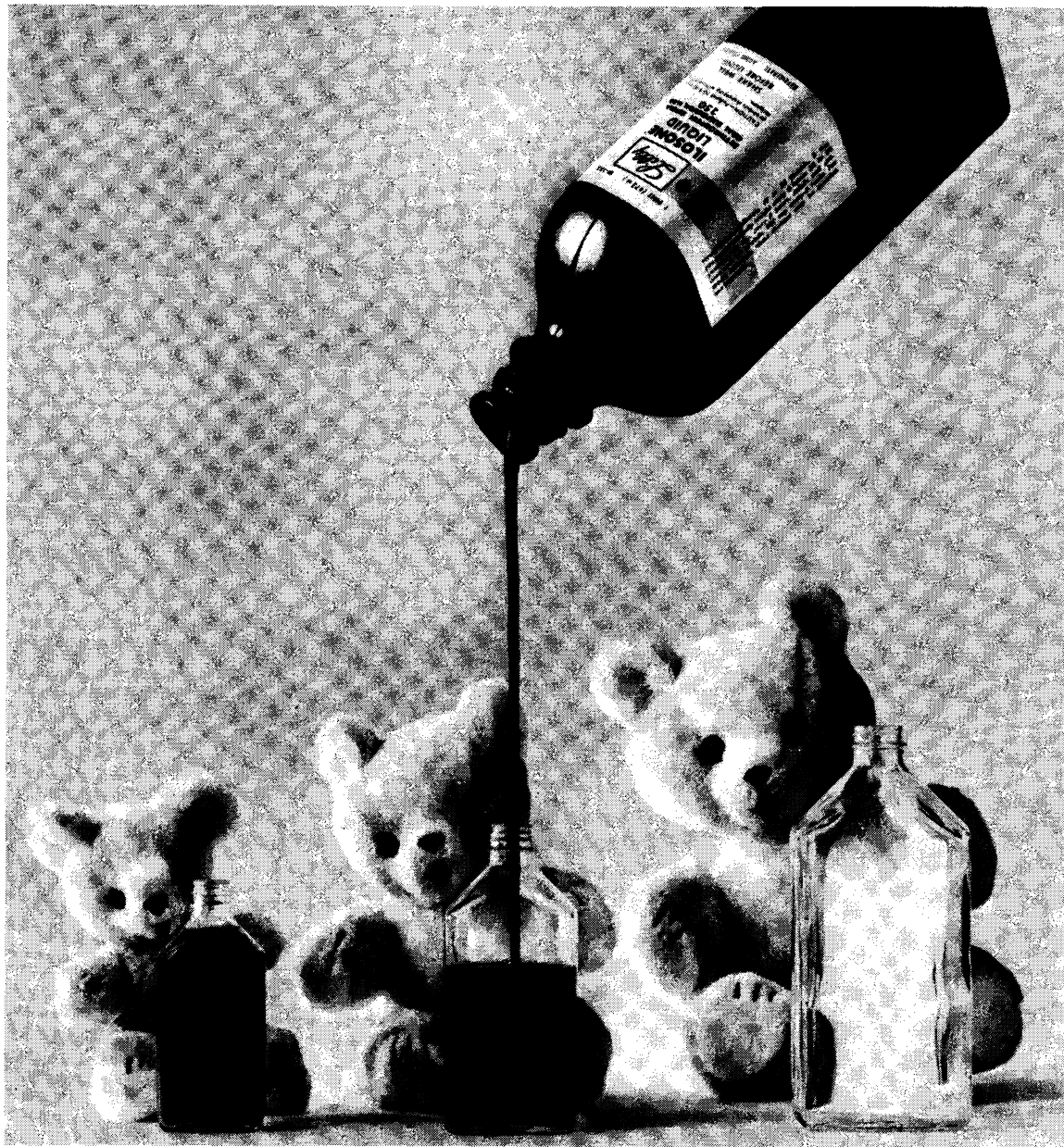
## Opinion & Dialogue

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# CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

## COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded in part through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 121. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

## ALCOHOLISM AND DRUG USE

February 3-9—**Drug Abuse 1973.** UCSF. One week. Part I—Symposium and seminars on new developments in drug abuse treatment, research, education and social policy. \$50. Part II—Clinical field placement. Monday-Friday. \$125. Limited enrollment.

February 10—**Alcoholism—Recognition and Treatment.** UCD. Saturday.

February 21-23—**Workshop on Drug Information Services.** UCSF and Drug Information Association at Queen Mary, Long Beach. Wednesday-Friday. Contact: Joseph L. Hirschmann, Pharm. D., Prog. Chmn., UCSF. (415) 666-4346.

## CANCER

January 14-19—**Oncology.** UCLA at Erawan Hotel, Indian Wells. Sunday-Friday.

February 2-3—**Eighth Annual San Francisco Cancer Symposium.** Claire Zellerbach Saroni Tumor Institute of Mount Zion Hospital and Medical Center at Sir Francis Drake Hotel, San Francisco. Friday-Saturday. \$50. 13½ hrs. Contact: Harry Weinstein, M.D., Dir. Med. Educ., Mt. Zion Hosp. & Med. Ctr., P.O. Box 7921, San Francisco 94120 (415) 567-6600.

February 16-17—**Radiation Therapy in Oncology.** USC. Friday-Saturday.

March 5-9—**Detection and Treatment of Early Breast Cancer—Twelfth Annual Conference and Symposium.** American College of Radiology, National Cancer Institute, and American Cancer Society at Sheraton Harbor Island Hotel, San Diego. Monday-Friday. Contact: William C. Stronach, Exec. Dir., ACR, 20 N. Wacker Dr., Chicago 60606.

March 15-16—**Clinical Cancer Conference—Eighth Annual.** UCSF. Thursday-Friday.

March 15-18—**Cancer Conference.** USC. Thursday-Sunday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

## MEDICINE

January 11-12—**Core Curriculum: Cardiovascular Physiology: Clinical Implications of Newer Concepts and**

### KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts  
for Information

- CMA:** California Medical Association  
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University  
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center  
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University  
Contact: Edward Rubenstein, M.D., Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis  
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California — California College of Medicine, Irvine  
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine — California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles  
Contact: Donald Brayton, M.D., Director, Continuing Education in Medicine and the Health Sciences, P.O. Box 29402, UCLA, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego  
Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.
- UCSF:** University of California, San Francisco  
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California  
Contact: Phil R. Manning, M.D., Associate Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

**Measurements.** American College of Cardiology and Cedars-Sinai Medical Center at Cedars-Sinai Medical Center, Los Angeles. Thursday-Friday. Contact: Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

January 18-19—**Marriott Electrocardiography Workshop.** San Diego County Heart Association at Sheraton Harbor Island Hotel, San Diego. Thursday-Friday. Contact: Charles V. Clark, Prog. Dir., SDCHA, 3640 Fifth Ave., San Diego 92103. (714) 290-7454.

January 19—**Day in Cardiology.** Area II RMP and Sacramento-Yolo-Sierra County Heart Association at Mather Air Force Base, Sacramento. Friday. Contact: Leona Short, Area II RMP, UCD.

January 25-26—**Medicine—1973.** USC. Thursday-Friday.

February 1-3—**Cardiology Workshop—Second Annual.** San Diego County Heart Association at U.S. Naval Hospital, San Diego. Contact: Charles V. Clark, Prog. Dir., SDCHA, 3640 Fifth Ave., San Diego 92103. (714) 290-7454.

February 6-8—**Ischemic Heart Disease.** USC. Tuesday-Thursday.

February 14-18—**American College of Cardiology—Twenty-Second Annual Scientific Session.** St. Francis Hotel, San Francisco. Wednesday-Sunday. Contact: Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

February 19-20—**American College of Cardiology—Reconvened Scientific Session.** Sheraton Hotel, Maui. Monday-Tuesday. Contact: Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

February 21-23—**Critical Care Medicine and Circulatory Shock.** USC. Wednesday-Friday.

February 28-March 2—**Acute Respiratory Care—Second Annual Postgraduate Course.** California Thoracic Society, Calif. Chapter, American College of Chest Physicians, American Thoracic Society, TARDAC at Beverly Hilton Hotel, Beverly Hills. Wednesday-Friday. \$125. Contact: Karl Wassermann, M.D., Chmn., Plann. Comm., 424 Pendleton Way, Oakland 94621. (415) 636-1756.

March 3-4—**Armchair Allergy.** PMC. Saturday-Sunday.

March 6—**Cutaneous Medicine.** USC. Tuesday.

March 7—**Edema—Pathogenesis and Treatment.** LLU. Wednesday. \$30.

March 9—**Advances in Cardiology—Myocardial Function.** USC at Huntington Memorial Hospital, Pasadena. Friday.

March 22-23—**Diabetes.** USC. Thursday-Friday.

March 24—**Tuberculosis.** UCSF. Saturday.

March 27-30—**Consultant's Course in Dermatology.** UCSF. Tuesday-Friday. \$150.

March 31-April 7—**North American Clinical Dermatology Society.** Vacation Village, San Diego. One week. Contact: Edmund F. Finnerty, M.D., Exec. Secy. NACDS, 510 Commonwealth Ave., Boston 02215.

Continuously—**Practical Workshops in Pulmonary Disease.** USC. Wednesday evenings 7:30-10:00 p.m. November 15 through April 25, 1973. 5 courses. \$200.

Continuously—**Clinical Conferences.** UCSF and Community Hospital of Santa Cruz at Community Hospital of Santa Cruz, Santa Cruz. October through June. \$45 for the series, \$7 per lecture. January 10—Diagnosis of the Acute Abdomen.

Continuously—**Continuing Medical Education Program.** Midway Hospital, Los Angeles. Mondays, 8:00-9:00 A.M. October, 1972-June, 1973. December: Sheldon Benjamin, D.D.S., "The Medical Approach to Examination of the Gums." January: Irwin Pincus, M.D., "Evaluation of the Upper Gastrointestinal Tract." Contact: Mr. Ira R. Alpert, Assoc. Admin., Midway Hosp., 5925 San Vicente Blvd., Los Angeles 90019. (213) 938-3161.

Continuously—**Differential Diagnosis in Internal Medicine.** USC. September-May, 1973, on the fourth Thursday of each month.

Continuously—**Cardiology for the Consultant.** USC. October-June, 1973, Wednesdays.

Continuously—**Renal Dialysis Traineeships.** UCSF. By special arrangement.

Continuously—**Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

Continuously—**Clinics in Dermatology.** UCSF. By arrangement.

Continuously—**Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; January 16—Headache. Coronado Hospital. Contact UCSD.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Con-

tact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

**Continuously—Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

**Continuously—Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

**Continuously—Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

**Continuously—Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

**Continuously—Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

**Continuously—EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

**Continuously—Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

**Continuously—Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

**Continuously—Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

#### **Grand Rounds—Medicine**

##### **Tuesdays**

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

##### **Wednesdays**

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

##### **Thursdays**

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

##### **Fridays**

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

## OBSTETRICS AND GYNECOLOGY

February 3—Obstetrics and Gynecology Conference. UCD. Saturday. \$25. 10 hrs.

February 10-11—Obstetrical and Gynecological Forum. Los Angeles Obstetrical and Gynecological Society at Beverly Hilton Hotel, Beverly Hills. Saturday-Sunday. Contact: Dee Davis, Exec. Secy., LAOGS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

February 10—The High Risk Mother and Fetus. UCD. Saturday.

February 12-16—Obstetrical and Gynecological Assembly of Southern California—Annual Postgraduate Assembly. Obstetrical and Gynecological Assembly of Southern California at Beverly Hilton Hotel, Beverly Hills. Monday-Friday. Contact: Dee Davis, Exec. Secy., Ob/Gyn Assembly of Southern Calif., 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

March 5-9—Obstetric Anesthesia Conference. USC at Kona Surf Hotel, Kona, Hawaii. Monday-Friday.

Continuously—Preceptorships in Obstetrics and Gynecology—Aspiration Abortion. UCSF. By arrangement.

Continuously—Ob/Gyn Conference. San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

### Grand Rounds—Obstetrics and Gynecology

#### Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

#### Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

#### Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

#### Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

#### Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

## PEDIATRICS

January 10—Neurologic Problems in Children. LLU. Wednesday. \$30. 8 hrs.

January 10 & 17—Pediatric Dermatology. USC. Two Wednesdays.

January 18-20—Youth—Roles in Society. USC and Children's Hospital of Los Angeles at USC. Thursday-Saturday. 15 hrs.

January 26-28—Pediatric Anesthesiology—11th Annual Clinical Conference. Children's Hospital of Los Angeles at Ambassador Hotel, Los Angeles. Friday-Sunday. \$100. 15 hrs. Contact: Wayne Herbert, M.D., Prog. Dir., Children's Hospital, 4650 Sunset Blvd., Los Angeles 90054. (213) 663-3341 ext. 262.

January 27-28—Nuclear Medicine in Pediatrics. UCSF and Children's Hospital, San Francisco at Children's Hospital, San Francisco. Saturday-Sunday. Contact: UCSF.

February 27—Pediatric Cardiology. UCSF and Children's Hospital, San Francisco at Children's Hospital, San Francisco. Tuesday.

March 2-4—Combined Southern California Pediatric Postgraduate Meeting. Children's Hospital of Los Angeles at El Mirador Hotel, Palm Springs. Friday-Sunday. \$50. 12 hrs. Contact: James S. Apthorp, M.D., Children's Hospital, 4650 Sunset Blvd., P.O. Box 54600, Los Angeles. (213) 663-3341.

Continuously—Preceptorships in Pediatrics. UCSF. By arrangement.

Continuously—Pediatric Cardiology Conference. UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—Pediatric Research Seminar. UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—Pediatrics Clinical Conference. San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Pediatric-Cardiology Conference. San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

### Grand Rounds—Pediatrics

#### Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

#### Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

#### Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

#### Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

### PSYCHIATRY

March 17—Program at Napa State Hospital. UCSF and Napa State Hospital at Napa State Hospital. Saturday. Contact: UCSF.

Continuously—Group Methods. V.A. Mental Health Clinic and UCSF at V.A. Mental Health Clinic, Oakland. January through March 1973. Wednesdays.

Continuously—Preceptorships in Psychiatry. UCSF. By arrangement.

Continuously—Southern California Psychiatric Society—Monthly Scientific Program. SCPS at UCLA. Second Monday of each month, November-March 1973. 8:00 p.m. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.

### Grand Rounds—Psychiatry

#### Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

### RADIOLOGY AND PATHOLOGY

February 2-4—Midwinter Radiological Conference. Los Angeles Radiological Society at Century Plaza Hotel, Los Angeles. Friday-Sunday. \$40. Contact: William Kimball, M.D., 540 North Central Ave., Glendale 92103.

February 6-8—Genito-Urinary and Pediatric Radiology. USC at El Mirador Hotel, Palm Springs. Tuesday-Thursday.

February 16-17—Radiation Therapy in Oncology. See Cancer, February 16-17.

February 9-16—American Society of Clinical Pathologists. Sheraton Waikiki Hotel, Honolulu. Eight days. Contact: George F. Stevenson, M.D., 2100 West Harrison St., Chicago 60612.

March 7-8—Ultrasound. USC. Wednesday-Thursday.

March 8-9—The Future of Semi-Conductor Detectors in Medicine. UCSF. Thursday-Friday.

March 12-16—Diagnostic Radiology. UCSF. Monday-Friday.

March 29-31—Special Application of Liquid Scintillation Counting. UCSF. Thursday-Saturday.

Continuously—Cytopathology Tutorial Program. UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—Orange County Radiological Society—Film Reading Sessions. Orange County Medical Center, Orange. First Tuesday of each month, 7:30-9:00 p.m., September, 1972-June, 1973. Contact: Edward I. Miller, M.D., Program Chairman, OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.

Continuously—UCSF Radiology Rounds, Seminars, and Conferences. Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiology Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—Principles and Clinical Uses of Radioisotopes. UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

**Continuously—Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintigraphic principles and scintiphotographic interpretations. \$50. Contact: UCSF.

**Continuously—Scintograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. \$175. Contact: UCSF.

#### **Grand Rounds—Radiology-Pathology**

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

#### **SURGERY AND ANESTHESIOLOGY**

December 16-17—Surgical and Clinical Anatomy of the Vascular System. See Of Interest to All, December 16-17.

January 10-12—Treatment of the Seriously Injured in the Emergency Room. Committee on Trauma of the American College of Surgeons and Emergency Dept., San Francisco General Hospital at Mark Hopkins Hotel, San Francisco. Wednesday-Friday. \$125.

January 17-19—Sierra Traumatological Society—Second Annual Meeting. San Joaquin County Medical Society at Mt. Reba, Bear Valley. Wednesday-Friday. Contact: Clarence Luckey, M.D., Box 230, Stockton 95201.

January 18-19—Retinal Detachment. PMC. Thursday-Friday. 16 hrs.

January 20-21—Orthopedic Surgical Anatomy (Neck, Upper & Lower Extremity, Excluding Hand). See Of Interest to All, January 20-21.

January 26-28—Pediatric Anesthesiology—11th Annual Clinical Conference. See Pediatrics, January 26-28.

January 27—Blood Gases. PMC. Saturday. 8 hrs.

January 28-31—Theodore Bilroth Course in Surgical Anatomy. LLU. Sunday-Wednesday.

February 14-15—Otolaryngology. USC. Wednesday-Thursday.

February 17—Orthopedic Surgical Anatomy of the Wrist and Hand. See Of Interest to All, February 17.

February 22-25—Controversial Areas in Surgery of the Head and Neck—Second Annual Symposium. UCSD Div. of Otolaryngology at Vacation Village Hotel, San Diego. Thursday-Sunday. Contact: Alan Nahum, M.D., University Hospital of San Diego County, San Diego 92103.



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March 2-3—Proctology. UCSF. Friday-Saturday.

March 8-10—Neurology—Recent Advances. UCSF. Thursday-Saturday.

March 14-17—Gastroenterology. UCLA at El Mirador Hotel, Palm Springs. Wednesday-Saturday.

March 16—Day in Urology. UCD. Friday.

March 16-18—Association of University Anesthetists. Holiday Inn, San Francisco. Friday-Sunday. Contact: C. Philip Larson, Jr., M.D., Secy., AUA, Dept. of Anesthesia, UC Med. Ctr., San Francisco 94122.

March 16-25—American Society of Abdominal Surgeons. Sheraton Waikiki Hotel, Honolulu. Ten days. Contact: Blaise F. Alfano, M.D., Exec. Secy., ASAS, 675 Main St., Melrose, Mass. 02176.

March 17—Orthopedic Pathology. See Of Interest to All, March 17.

March 17-21—Controversial Areas in Surgery. UCLA at El Mirador Hotel, Palm Springs. Saturday-Wednesday.

March 19-21—G. Mosser Taylor Course in Orthopedic Surgical Anatomy. LLU. Monday-Wednesday.

March 27-28—Faculty Workshop in Glaucoma. UCSF. Tuesday-Wednesday. \$150.

March 29-30—Surgical Decisions in Glaucoma. UCSF at St. Francis Hotel, San Francisco. Thursday-Friday. \$150.

Continuously—Orthopedic Trauma Conference. USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.

Continuously—Preceptorships in General Surgery. UCSF. By arrangement.

Continuously—Preceptorships in Neurological Surgery. UCSF. By arrangement.

Continuously—Preceptorships in Urology. UCSF. By arrangement.

Continuously—Training for Physicians in Nephrology. CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—Thoracic Surgery Conference. San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Medical Surgical Conference. San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Orthopaedic Audio-Synopsis Foundation. A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate \$72. (\$50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

#### Grand Rounds—Surgery

##### Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

##### Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m. San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

##### Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

##### Fridays

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

##### Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

## OF INTEREST TO ALL PHYSICIANS

December 16-17—Surgical and Clinical Anatomy of the Vascular System. S. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday-Sunday. \$100. 20 hrs. Contact: Darline Murphy, Exec. Secy., S. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

January 9-30—Current Concepts in Bioenergetics. USC. Tuesdays.

January 11-12—New and Old Antibiotics. USC. Thursday-Friday.

January 11-March 8—Aquatic Medicine. UCSD at Scripps Institute of Oceanography. Thursdays. \$50. 27 hrs. An in-depth study of the physiological aspects of man in the water. Virology, bacteriology, parasitology, dangerous denizens of the deep. The ecology of water-related diseases. Contact: UCSD.

January 12-14—Management of Sexual and Marital Inadequacy. Institute for Comprehensive Medicine at Mark Hopkins Hotel, San Francisco. Friday-Sunday. \$175. Contact: Registrar, ICM, 9735 Wilshire Blvd., Beverly Hills 90212. (213) 276-2332.

January 13—Medical Genetics In Office Practice. USC. Saturday.

January 14-20 and January 21-27—Family Practice Refresher Course—Fourth Annual. UCI. One week each.

January 15-17—Medical-Surgical Conference on Infectious Diseases. Commander-in-Chief, US Pacific Fleet and University of Hawaii at Pearl Harbor, Hawaii. Monday-Wednesday. Contact: Harris S. Vernick, M.D., Medical Dept., Naval Air Station FPO San Francisco 96611.

January 18-20—Dermatology for General Practitioners. UCSF. Thursday-Saturday.

January 20-21—Orthopedic Surgical Anatomy (Neck, Upper Extremity, Lower Extremity, Excluding Hand). S. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. \$100. 20 hrs. Contact: Darline Murphy, Exec. Secy., S. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

January 26-27—Infections Control Conference. CMA, CRMP Areas II and III, State Dept. of Public Health, at Jack Tar Hotel, San Francisco. Friday-Saturday. Contact: Leona Short, Area II RMP, UCD.

January 31-February 2—1973 San Diego Biomedical Symposium. UCSD at Sheraton Harbor Island Hotel, San Diego. Wednesday-Friday.

January 31-February 3—Fourth Annual Conference on the Physician and the Hospital. USC at Ahwahnee Hotel, Yosemite. Wednesday-Saturday.

February 3—Abnormal Laboratory Data: Evaluation and Follow-Up. Cardiac Enzymes and Liver Function Studies. PMC. Saturday.



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coverage will be terminated without any cost to you.*

- February 7-9—**Course for Physicians in General Practice.** UCSF and Mount Zion Hospital at Mount Zion Hospital, San Francisco. Wednesday-Friday. Contact: UCSF.
- February 17—**Orthopedic Surgical Anatomy of the Wrist and Hand.** So. Calif. Div. International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday. \$50. 10 hrs. Contact: Darline Murphy, Exec. Secy., So. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- February 23—**Myasthenia Gravis—Current Concepts of Diagnosis and Management for the Practicing Physician.** Calif. Chapter, Myasthenia Gravis Foundation and UCSD at Hilton Inn, Mission Bay, San Diego. Friday. Contact: Myasthenia Gravis Foundation, 237 S. Catalina St., Los Angeles 90004.
- February 23-24—**American College of Physicians, Southern California Regional Meeting.** Riviera Hotel, Palm Springs. Friday-Saturday. Contact: Edward M. Boland, M.D., 321 N. Larchmont Blvd., Los Angeles 90004.
- February 23-March 1—**Postgraduate Convention.** LLU. One week.
- February 24-25—**Medical Geography and Human Ecology.** UCSF. Saturday-Sunday.
- February 26-28—**Sports Medicine.** UCSF at Sahara Hotel, Lake Tahoe. Monday-Wednesday.
- February 26-28—**American College of Physicians, Air Force Regional Meeting.** Holiday Inn, Fairfield. Monday-Wednesday. Contact: Col. Ernest J. Clark, USAF, MC, Hdqtrs., USAF (SGFAC) 10th and Independence Ave., Washington, D.C. 20314.
- February 26-March 2—**Basic Science for Clinicians—Interdepartmental Postgraduate Course.** STAN. Monday-Friday. \$235.
- March 2-3—**American College of Physicians, Northern California and Nevada Regional Meeting.** Del Monte Hyatt House Hotel, Monterey. Friday-Saturday. Contact: John R. Gamble, M.D., Governor, 4026 Spring Mountain Rd., St. Helena 94574. (707) 963-3340.
- March 3—**Utilization Review in Hospitalized Patients.** UCSF and St. Francis Hospital at St. Francis Hospital, San Francisco. Saturday.
- March 5-8—**Problems of International Health.** American College of Physicians and Dept. of the Navy at LeBaron Hotel, San Diego. Monday-Thursday. Contact: Registrar, Postgraduate Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.
- March 8-9—**The Future of Semi-Conductor Dectectors in Medicine.** UCSF. Thursday-Friday.
- March 10-14—**CALIFORNIA MEDICAL ASSOCIATION. 102nd ANNUAL SESSION.** Disneyland Hotel, Anaheim. Saturday-Wednesday. Contact: CMA.
- March 14-16—**Clinical Pharmacology—Rational Basis of Therapeutics.** UCSF and American College of Physicians at UCSF. Wednesday-Friday. Contact: Registrar, Postgraduate Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.
- March 16-17—**Arthritis.** USC and Children's Hospital of Los Angeles at Children's Hospital, Los Angeles. Friday-Saturday. Contact: USC.
- March 17—**Orthopedic Pathology.** So. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday. \$50. 10 hrs. Contact: Darline Murphy, Exec. Secy., So. Calif. Div., ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- March 17—**Abnormal Laboratory Data—Evaluation and Follow-Up. Complete Blood Count and Coagulation Screening Tests.** PMC. Saturday.
- March 21-24—**Biofeedback Conference.** UCI. Wednesday-Saturday.
- March 22-24—**Intensive Interview Seminar.** UCD. Thursday-Saturday.
- March 30—**Nutritional Problems in Medical Practice.** Friday.
- Continuously—**The Care of The Critically Ill Patient.** Merced-Mariposa County Medical Society and STAN at Merced General Hospital, Merced. April 1972 through June 1973. 9:00-11:00 A.M. \$25. January 11—Burns. February 14—G.I. Hemorrhage. Contact: Mrs. Iva D. Rutledge, Exec. Secy., P.O. Box 549, Merced 95340.
- Continuously—**Continuing Education Program for Family Physicians.** UCSD. November 1972 through May 1973. First and Second Wednesday of each month. 7:00-10:00 p.m. \$50 per lecture, \$300 for series. 24½ hrs.
- Continuously—**Round Tables with Pacific Medical Center.** PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. \$100 per series, \$15 per session. Contact: William J. Newman, M.D., P.O. Box B, Sonoma 95476. (707) 996-3621.
- Continuously—**Medline—A New Computer Storage and Retrieval System.** The data base for the system is housed in a central computer in the National Library of Medicine in Bethesda, Maryland. It includes almost 420,000 titles from 1,100 medical journals dating back to January 1, 1969. Each reference in the system contains author, source, date published, language and those subject headings assigned to it by the National Library of Medicine indexers. A reference can be retrieved through any combination of the above data elements. At present there is no charge for this service. At this time the following eight areas may be contacted: UCSF; Health Sciences Library, UCD; Lane Medical Library, Stanford; UCLA Biomedical Library; Norris Medical Library, USC; Loma Linda University Library; Medical Sciences Library, UCI; and Biomedical Library, UCSD.

Continuously—Mission Community Hospital Program. UCI and Mission Community Hospital at Mission Community Hospital, Mission Viejo. Tuesdays at noon. Contact: UCI for schedule and further information.

Continuously—Chapman General Hospital Program. UCI and Chapman General Hospital at Chapman General Hospital, Orange. Mondays at noon. Contact: UCI for schedule and further information.

Continuously—Dynamics of the Family—Psychiatry. UCI at Orange County Medical Center, Orange. \$200. September through June.

Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. \$75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

Continuously—Medical Media Network. Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Commun. Coord., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—Stanford Speaker's Bureau for Environmental Topics. Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—Stanford-Mills Memorial Hospital Continuing Education Program. STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.



## ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### Your Coverage

When injuries result in loss within 12 months of the date of the accident, plan provides benefits according to the following schedule:

#### FULL FACE AMOUNT PAID FOR LOSS OF:

Life Both Eyes, Both Hands or Both Feet  
One Hand and Foot One Eye and One Hand or Foot

#### ONE-HALF FACE AMOUNT PAID FOR LOSS OF:

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Virtually all other accidental death and dismemberment policies require severance at or above the wrist. If an accident causes the loss of use of a hand or foot and results in total disability for one year, the policy will pay the same amounts as would be paid for dismemberment.

### COVERAGE PLANS

Plan	Member	Spouse/Each Child	Semi-Annual Premium Member & Family	
A.	\$ 50,000	\$ 20,000/\$5,000	\$18.00	\$ 25.00
B.	100,000	40,000/10,000	36.00	50.00
C.	150,000	60,000/15,000	54.00	75.00
D.	200,000	80,000/20,000	72.00	100.00
E.	250,000	100,000/25,000	90.00	125.00

RATES ARE GUARANTEED FOR TWO YEARS.

### Exclusion

Benefits are not payable for: (a) loss resulting from suicide while sane or insane; (b) loss caused by act of declared or undeclared war or injuries sustained while in an armed service.

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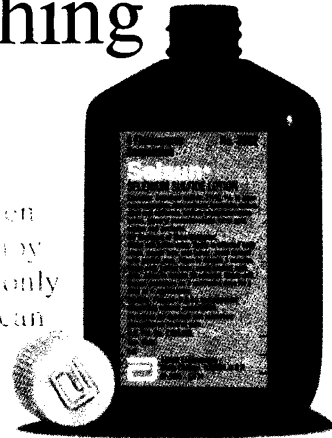
# When your diagnosis is seborrheic dermatitis of the scalp, the classic drug for controlling scaling and itching is Selsun® (SELENIUM SULFIDE LOTION)

**Precautions and side effects:** Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension: also contains: bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid and perfume.



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that only  
you can  
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# MOCHA MIX DATA SHEET

INGREDIENT	APPROXIMATE PERCENT	SOURCE
Water	78.5	Soybean
Vegetable Oil*	11.0	Soybean
Vegetable Protein	.3	Corn Syrup
Carbohydrates	9.0	
Emulsifiers & Stabilizers	1.0	Sodium Potassium
Minerals	Less than 0.1	

Cholesterol Content	0
Polyunsaturate to saturate ratio	1.5 to 1
Calories per Fluid Ounce	43
Percentage of Calories from Fat	70%
Based on the fat, approximate fatty acid composition:	
Poly-unsaturated	21%
Monounsaturated	65%
Saturated	14%

\*Partially hydrogenated soybean oil.



## Mocha Mix® presents its credentials:

Study them. Note how low Mocha Mix® is in saturated fat. (Actually the lowest of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee ... on cereal, fruit or desserts ... or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

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**G.I. problems  
making her  
a fixture  
in your office?**



# 'Milpath' can cut down her complaints by helping to control: bloating/cramping/pain/'nervous stomach' when aggravated by anxiety and tension\*

For most patients:

**'Milpath'-400**

(meprobamate 400 mg +  
tridihexethyl chloride 25 mg)

Usual adult dose: *One*  
tablet t.i.d. at mealtimes,  
and two tablets at bedtime.

When spasm is severe:

**'Milpath'-200**

(meprobamate 200 mg +  
tridihexethyl chloride 25 mg)

Usual adult dose: *Two*  
tablets t.i.d. at mealtimes,  
and two tablets at bedtime.

\* **INDICATIONS:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: as adjunctive therapy in peptic ulcer and in the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, and functional gastrointestinal disorders), especially when accompanied by anxiety or tension.

Final classification of this indication requires further investigation.

**CONTRAINDICATIONS:** **Tridihexethyl chloride:** Previous allergic or idiosyncratic reactions to it or related compounds; urinary bladder-neck obstructions (e.g., prostatic obstructions due to hypertrophy); pyloric obstructions because of reduced motility and tonus; organic cardiospasm (megaesophagus); glaucoma; possibly in stenosing gastric or duodenal ulcers with significant gastric retention. **Meprobamate:** Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate, carbromal.

**WARNINGS:** **Meprobamate:** *Drug Dependence:* Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching, confusional states, hallucinosis; rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting barbiturate, then gradually withdraw. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between meprobamate, alcohol, and other CNS depressants or psychotropic drugs. *Pregnancy and Lactation:* Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption.

**PRECAUTIONS:** **Tridihexethyl chloride:** Use cautiously in elderly males (possible prostatic hypertrophy). **Meprobamate:** To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time.

To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics.

**ADVERSE REACTIONS:** **Tridihexethyl chloride:** Dry mouth (fairly frequent at oral doses of 100 mg), constipation or "bloating" feeling, tachycardia, bradycardia, dilated pupils, increased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention; dizziness. **Meprobamate:** *Central Nervous System:* Drowsiness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. *Gastrointestinal:* Nausea, vomiting, diarrhea. *Cardiovascular:* Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also hypotensive crises (including one fatal case). *Allergic or Idiosyncratic:* Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). *Other:* leukopenia, acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between meprobamate/mebutamate and meprobamate/carbromal. More severe, rare hypersensitivity: hyperpyrexia, chills, angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis, proctitis, Stevens-Johnson syndrome, bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Hematologic:* Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic purpura. *Other:* Exacerbation of porphyric symptoms.

**USUAL ADULT DOSAGE:** One 'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg) tablet three times a day at mealtimes and 2 at bedtime. For greater anticholinergic effect, 2 'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg) three times a day at mealtimes and 2 at bedtime. Meprobamate dose should not exceed 2400 mg daily.

Not for use in children under age 12.

**OVERDOSAGE:** **Tridihexethyl chloride:** Acute overdosage can produce dry mouth, difficulty swallowing, marked thirst; blurred vision, photophobia; flushed, hot, dry skin, rash; hyperthermia; palpitations, tachycardia with weak pulse, elevated blood pressure; urinary urgency with difficulty in micturition; abdominal distention; restlessness, confusion, delirium and other signs suggesting acute organic psychosis. Empty stomach after administration of Universal Antidote and treat symptomatically as indicated. **Meprobamate:** Suicidal attempts with meprobamate, alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Meprobamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption.

Before prescribing, consult package circular or latest PDR information.

REV. 5/72

WALLACE PHARMACEUTICALS, Cranbury, N.J. 08512



Relaxes smooth muscle and psyche/**Milpath**<sup>®</sup>  
(meprobamate+tridihexethyl chloride)

# IF MORE MEN CRIED



At least seventy-five out of one hundred adults with duodenal ulcers are men.<sup>1</sup>

Why? It may be significant that duodenal ulcer patients tend to crave recognition and are especially vulnerable when their manly assertive independence is threatened.<sup>2</sup>

## Hypersecretion—an atavistic response.

One investigator, who has studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to man's atavistic urge to devour his adversary. It is striking, he reports, that an accentuation of gastric acid secretion and motility can be induced in patients with ulcers by discussions that stimulate feelings of inadequacy, frustration and resentment.<sup>2</sup>

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. He concludes that it may be more than coincidence that peptic ulcer patients appear to be a lean, hungry, competitive group.<sup>3</sup>

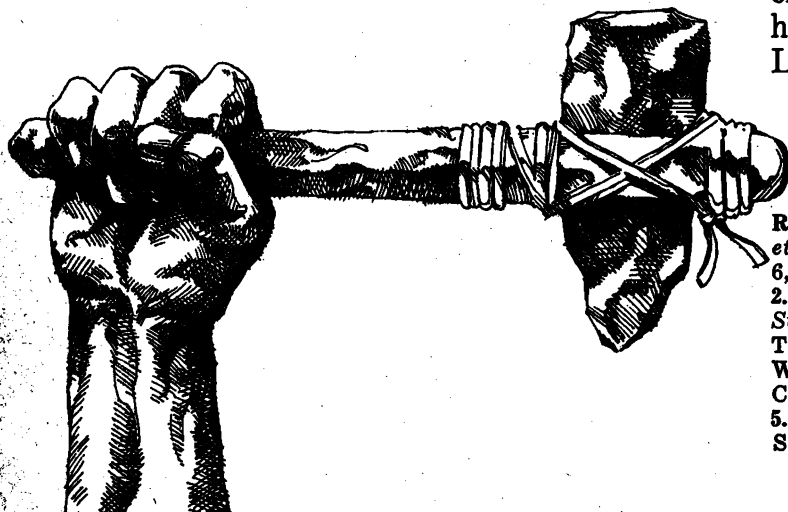


Big boys don't cry. If more men cried, maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. According to another clinician, when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.<sup>4</sup> Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.

## Take away stress, you can take away symptoms.

There is no question that stress plays a role in the etiology of duodenal ulcer. One prominent physician<sup>5</sup> has observed that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

The rest cure vs. the two-way action of Librax®. For most patients, the rest cure is as unrealistic as it is desirable. Still, the excessive anxiety must be dealt with. And here is where the dual action of adjunctive Librax can help. Librax is the only drug that



References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M., et al. (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

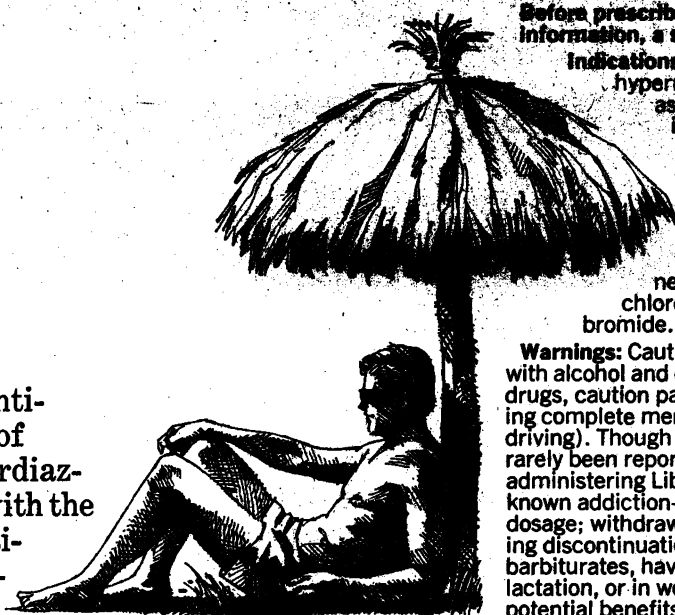
**Adverse Reactions:** No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

combines the anti-anxiety action of Librium® (chlordiazepoxide HCl) with the dependable anti-secretory/anti-spasmodic action of Quarzan® (clidinium Br).

**Protects man from his own hungry personality.** The action of Librium helps reduce excessive anxiety and thus helps protect the vulnerable patient from this type of overreaction to stress. At the same time, the action of Quarzan helps quiet the hyperactive gut, decreasing hypermotility and hypersecretion.

**An inner healing environment with 1 or 2 capsules, 3 or 4 times daily.** Of course, there's more to the treatment of duodenal ulcer than a prescription for Librax. The patient—with your guidance—will have to adjust to a different pattern of living if treatment is to succeed. During this adjustment period, 1 or 2 capsules of Librax 3 or 4 times daily can help establish a desirable environment for healing.

**Librax:** It can't change man's nature. But it can usually make it easier for men to cope with the discomfort of stress—both psychic and gastric—that can precipitate and exacerbate the symptoms of duodenal ulcer.



in the treatment of  
duodenal ulcer  
adjunctive  
**Librax®**

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



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(Continued from page 19)

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**IMPORTANT INFORMATION:** This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdose or individual hypersensitivity, reactions similar to those after meperidine or morphine overdose may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

**Indications:** Lomotil is effective as adjunctive therapy in the management of diarrhea.

**Contraindications:** In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

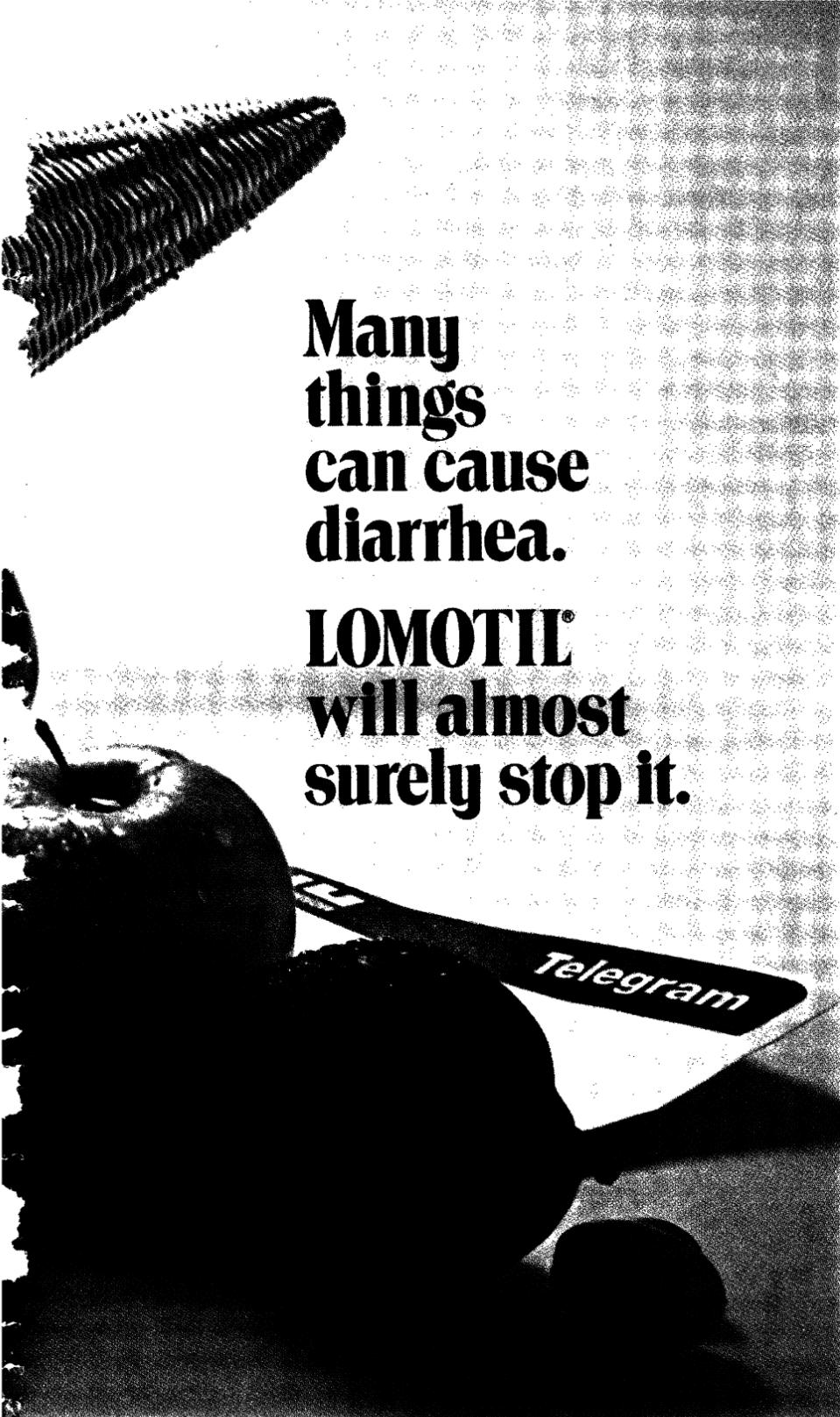
**Warnings:** Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

**Usage in pregnancy:** Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the

breast milk of nursing mothers.

**Precautions:** Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdose; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

**Adverse reactions:** Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy,



**Many  
things  
can cause  
diarrhea.**

**LOMOTIL®  
will almost  
surely stop it.**

The causes of diarrhea are as varied as man's complaints and indiscretions. Because the causes of diarrhea can be obscure and because uncontrolled diarrhea can present serious problems, it is important to know a drug that will usually stop diarrhea promptly. For many physicians, the antidiarrheal drug of choice is Lomotil. It provides almost certain control of diarrhea.

It is also useful in controlling the intestinal transit time of patients with ileostomies and colostomies and the diarrhea occurring after gastric surgery.

Serious side effects are infrequent with Lomotil. It should be used with caution in young children, however, because of their variability in response. Use of Lomotil in children under two years of age is contraindicated.

**For the almost certain  
control of diarrhea,**

**LOMOTIL®**  
**TABLETS/LIQUID**

Each tablet and each 5 ml. of liquid contain:  
Diphenoxylate hydrochloride ..... 2.5 mg.  
(Warning: may be habit forming)  
Atropine sulfate ..... 0.025 mg.



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anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

**Dosage and administration:** *Lomotil is contraindicated in children less than 2 years old.* Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

**Overdosage:** Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur

12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

**Dosage forms:** *Tablets*, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid*, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

**Dosage forms:** *Tablets*, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid*, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.



## MINOCIN® made the difference in just eight days.\*

### Clinical Data:

**Patient:** 47-year-old male.

**Diagnosis:** Severe pyoderma, left hand.

**Culture:** *Staphylococcus aureus*, coagulase positive and sensitive to MINOCIN.

**Temperature:** 102° F

**Therapy:** MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat*, 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.

**Concomitant therapy:** None.†



Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.

**Contraindications:** Hypersensitivity to any tetracycline.

**Warnings:** The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. **Pregnancy:** In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. **Newborns, infants and children:** All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class. Safe

use has not been established in children under 13.

**Precautions:** Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

**Adverse Reactions:** (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. **Skin:** maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). **Renal toxicity:** rise in BUN, dose-related (see "Warnings"). **Hypersensitivity reactions:** urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. **Blood:** hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.

**NOTE:** **Concomitant therapy:** Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products.

\*Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection.

†Case Report, Clinical Investigation Department, Lederle Laboratories.